STATE OF MAINE



COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES

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STATEMENT OF SOURCES OF INCOME 1 M.R.S.A. §§ 1016-A et seq.

COVERING THE CALENDAR YEAR JANUARY 1, 2006 THROUGH DECEMBER 31, 2006

FULL NAME: KIMBERLY EWSIBY	Please check the appropriate box and fill in the District number.
MAILING ADDRESS: 32, COLONY ROLLING ADDRESS: 41016 OF WELL	Member of the Senate, District
ZIP CODE: 04330 PHONE NUMBER: 201-623-6295	Member of the House, District 56

GENERAL INSTRUCTIONS

1. Please file this statement with the Clerk of the House or the Secretary of the Senate by:

5:00 p.m. on February 15, 2007.

- 2. The report covers you, your spouse, and your dependent children.
- 3. Report only specific sources of income. Dollar amounts need not be listed.
- 4. Campaign contributions duly recorded as required by law need not be reported in this statement.
- 5. Attach additional sheets if needed. Label attachments with your name, address, and the date.
- Please sign on Page 4.
- 7. The completed statements will be posted as a 'pdf' on the Commission's website.
- 8. State law (1 M.R.S.A. § 1018) requires Legislators to file an updated statement with the Commission within 30 days of any change to the information relating to the preceding year. Additionally, the law (1 M.R.S.A. § 1016-B (2)) requires Legislators to make a supplementary statement to the Commission of any reportable liability within 30 days after it is incurred.

PLEASE KEEP A COPY OF THIS	S STATEMENT FOR	YOUR FILES.
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Disclosure statements are made available to members of the public upon request.

Thank you for your cooperation.

PART I. INCOME DERIVED FROM EMPLOYMENT BY ANOTHER. Name each employer from whom you received compensation of \$1,000 or more. Specify also the principal type of economic activity of each employer.

		Principal Type of Economic
Name of Employer	Address	Activity of Employer
. WinthropPublicSchools ?	211 Rembler Rd	Education-teamer
. <u>Augusta Public Schools</u>	Cony Rd	_ Education-School Board Mer
·	_	
	business, if any, and list the major	Legislators who are self-employed.) areas of economic activity from which you derived a, or similar business entity, list the major areas of
Name and Address Major A of Business Entity	Areas of Economic Activity (self)	Major Areas of Economic Activity (partnership, association or similar business entity)
<u>none</u>		
	onomic activity of the entity or per	lle, or an established code of professional ethics, son from whom the income was derived. Principal Type of Economic Activity of Entity or Person Who Is the
Ivame of Source	<u>Address</u>	Source of Income
Monl		
•		
,		
		,
ART III. MAJOR AREAS OF PRAC	TICE. (For Legislators who are of the major areas of practice of you	attorneys-at-law only.) List your major areas of r firm.
Name and Address of Firm	Major Areas of Practice	Major Areas of Practice
none	(self)	(firm)
10 V		
Table 11.	111111111111111111111111111111111111111	

PART IV. OTHER SOURCES OF INCOME. Name each source of income of \$1,000 or more not listed in Parts I, II, or III of this form. Do not include gifts. If none, so state.

Name of Source	Address	Kind of Income
1. none	<u> </u>	
3		
	uring the reporting period, and list the major	names of creditors for any unsecured loans of rareas of economic activity of each creditor. Do
		Principal Type of Economic
Name of Creditor	Address of Creditor	Activity of Creditor
1. NONL		
	0	
4.	·	
3.		N
aggregate value of more than \$300	GIFTS. Name the specific source of each from a single source. If none, so state. 3	a gift of more than \$300. Include gifts with an
2	4.	
PART VII. DISCLOSURE OF related to your official duties. If no	HONORARIA. List the source of any h	nonoraria accepted for appearances or speeches
	4	
PART VIII. REPRESENTATION		tify each executive branch agency before which state.
2.	4.	
1000		

νων Ω	a goods of scrinces v	vith a value in excess of \$1,000 during the reporting peri	iod. Il none, so state.
1. 1 DY		2.	
PART X. INCOME REC	CEIVED BY MEM	BERS OF IMMEDIATE FAMILY.	
child(ten) during the report	ting period and the k	each source of income of \$1,000 or more received by you ind of income represented. Do not include gifts. Indica ces of income received by dependent(s).	our spouse or dependent ite (S) beside sources of
Type of Economic Act			
Income Received		Kind of Income	
1. Banker (S)		Emplamen	4
2		1 , 1	
			· · · · · · · · · · · · · · · · · · ·
3.			
4.		110	,
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appears that a Legislat Attorney General. If t statement or has willfu interest on every quest branch of the Legislatu who willfully fails to fil	tor has willfully f he Commission d tlly filed a false st ion and shall be p are, and shall not le a required stat	nt shall be a Class E crime. If the Commission filed a false statement, it shall refer its findings letermines that a Legislator has willfully failed tatement, the Legislator shall be presumed to be precluded from voting on any question in come attempt to influence the outcome of any question in exceeding the content is subject to a civil penalty not to exceed on. (1 M.R.S.A. § 1019)	of fact to the I to file a required have a conflict of mittee or in either tion. A Legislator
RE	Signature	2 (5 O) Date	